Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

## AMENDED STATEMENT OF QUALIFICATION OF A FOREIGN LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy
FILING FEE: \$15 payable to SECRETARY OF STATE

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Telephone #		
FAX #		 

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The undersigned Li	mited Liability Partnership ne	ereby amends its statement of qualification under SDCL 48-7A.
1. The name of the lin	nited liability partnership is	
Note: This must be the	exact name as on file.	
2. If changing names,	the new name is	
The name shall contain "LLP" as the last words	the words "Registered Limited Liability of the name	y Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or
3. The amendment to	the statement of qualification is	s:
I declare under penali least two partners.	ty of perjury that the contents of	f the above statement are accurate. Statement must be signed by at
Dated		
		(Signature of a partner)
		(Printed Name)
Dated		
By signing th	is form, you agree to	(Signature of a partner)
processed el	e fee and the form ectronically. A fee of Il be assessed for ments.	(Printed Name) foreignllpamendment July2009